

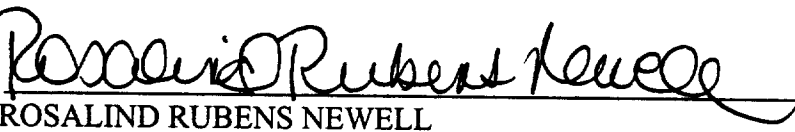
Entered - 4-23-01- sb
CL - 01L0262 ALEXIS HOLMES

01- R-1044

CLAIM OF: **MILDRED J. COOPER**
2370 Metropolitan Parkway
Apartment W-13
Atlanta, Georgia 30315

For damages alleged to have been sustained as a result missing property on December 1983, and again on March 3, 2001 at the City of Atlanta Department of Corrections 254 Peachtree Street, SW.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0262

Date: 6/25/01

Claimant /Victim MILDRED J. COOPER

BY: (Atty)(Ins.) _____

Address: 2370 Metropolitan Parkway W-13, Atlanta, Georgia 30315

Subrogation _____ Claim for Property damage \$ Unspecified Bodily Injury \$ _____

Date of Notice: 4/13/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____

Date of Occurrence 3/3/01 Place: MARTA Station

Department MARTA Police Division: Field Operations Division

Employee involved Unknown Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained property damages when she was arrested in December, 1983, and the City failed to return her wedding rings. However, the claimant failed to meet the O.C.G.A. §36-33-5 Written Notice requirement when she filed her claim more than six (6) months after the event took place. Further, the claimant alleges she sustained property damage when she was arrested on March 3, 2001, and she was sent to the City of Atlanta Department of Correction Facility, and her wig was taken but it was not returned upon her release. However, an investigation determined that according to personal property intake records, and a book in photo, the claimant did not have a wig in her possession at the time of her arrest.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral X

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

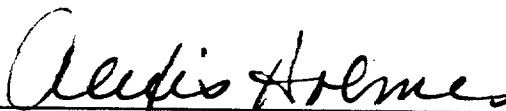
Improper Notice _____ More than Six Months X Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

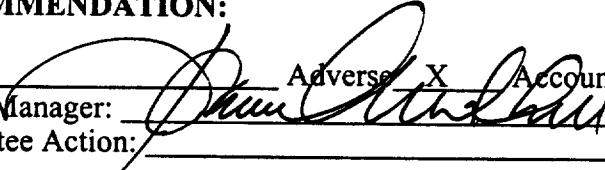
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-26-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 04-10-01
12-09-83

Dear Municipal Clerk:

ENTERED - 4-23-01 - SB
01L0262 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 400.00 property and/or \$ 200.00 injury for which I contend the City is liable.

1. Date of incident: 12/83 2. Time of Incident: 0200 AM 3. Police called: Yes No
(month/day/ year)

4. Location of incident (including street address): ATLANTA DETENTION CENTER

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: PROPERTY WAS NEVER RETURN - LOST

(1983) WEDDING RINGS AND WIG (402-01)

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mildred J. Cooper
Signature of Claimant

MILDRED J. COOPER
(Print Claimant's Name)

2370 METROPOLITAN PKWY W13
(Address)

ATLANTA GA 30315
(City, State and Zip Code)

404 915 2536 404 767 3679
(Work Number) (Home Number)

01-R-1044